



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
COMMUNITY EDUCATION/AFTERSCHOOL PROGRAMS
21st Century Community Learning Center (21st CCLC)

INVOICE

District/Organization Name		Check Cohort Number <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
County/District Code Number _____ - _____	Federal Tax ID Number (for CBO's only)	Phone Number () _____	
Contact Person		Title/Position	
Street Address		Fax Number () _____	
City	State	Zip Code	

DESCRIPTION OF SERVICES

Instructions:

1. For each invoice period, complete one form per awardee (not each site) that received a CCLC grant.
2. All figures must be rounded to the nearest dollar. Make certain all figures and calculations are correct.
Receipts/purchase orders are not required with this form but must be kept on file.
3. List total CCLC grant amount of verifiable expenditures you are requesting reimbursement for. The State of Missouri does not make advanced payments for any services performed or goods purchased. Payments issued following month.
4. Forms not completed in their entirety or according to directions will be returned for revision and could result in delay of payment. See Invoice Policy in Kids Care/DESE Portal for additional form completion assistance.
5. Invoice dues dates are: September 15, December 15, March 15 and June 15.

Budget Category	Amount of Verifiable Expenditures	FOR OFFICE USE ONLY (Amount Requested)
Salaries	\$	\$
Benefits	\$	\$
Travel and Transportation	\$	\$
Supplies	\$	\$
Equipment	\$	\$
Professional Development	\$	\$
Purchased Services	\$	\$
Other	\$	\$
In-Direct Costs	\$	\$
Total Amount of Payment Requested	\$	\$

Signature on this form indicates that the vendor has complied with all guidelines in expending the grant award and that all expenditures have been approved and are related to the 21st CCLC Program and such documentation is available upon request.

Signature of Contact Person	Date	Authorized Signature	Date
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FOR OFFICE USE ONLY (do not complete below this line)

Approved by	Date	Payment Month/Year	Grant Year	Account Number
			200 ____ - 200 ____	
Total Amount Awarded	\$	PLEASE COMPLETE AND RETURN TO: Afterschool Program/21 st CCLC Community Education Department of Elementary and Secondary Ed. P.O. Box 480 Jefferson City, Missouri 65102-0480 Phone: (573) 522-2627 FAX: (573) 526-4261		
Previous Amount(s) Paid	\$			
Amount Paid with this Invoice	\$			
Amount Remaining	\$			